2001 BUSINESS DECLARATION OF ESTIMATED INCOME TAX

FOR OFFICIAL USE ONLY

FOR CALENDAR YEAR 2001 OR _____ MONTHS ENDING

AX	
20	

Check one of the boxes below that identifies your

A legally filed declaration must be signed, dated and accompanied by payment. The safest and easiest way to declare is to estimate this year's taxes based on last year's taxable income. Mail To: Cincinnati Income Tax Bureau P.O. Box 5487 Cincinnati, OH. 45201-5487 on or before APRIL 30,2001.

		business entity.			
		CORPORTION	SINGLE MEMBER LLC		
		S-CORPORATION	JOINT VENTURE		
		PARTNERSHIP	TRUST		
		SOLE PROP	NON-PROFIT		
		LLC	VOLUNTARY W/H		
		OTHER			
		(Spe	cify)		
INTEREST AND PENALTIES MUST BE ASSESSE	D FOR FAILURE	TO FILE AND MAKE T	IMELY PAYMENTS		
1. ESTIMATED 2001 TAXABLE INCOME \$	X 2.1% = ESTIN	MATED TAX	. \$		
2. DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF YOU RE ON YOUR 2001 RETURN			. <u> </u>		
3. BALANCE OF 2001 ESTIMATED TAX PAYMENT					
4. AMOUNT TO BE PAID WITH YOUR DECLARATION AT TIME OF FILING. (1/4 of Line 1 minus Li	ne 2)		. \$		
The undersigned declares this to be a true, correct and complete SIGNATURE	TITLE	Cincinnati income tax for the	DATE		
EXPLANATION OF NEW TA	XPAYER OR CHA	NGE OF TAX STATUS			
ADDRESS OF CINCINNATI LOCATION					
NATURE OF BUSINESS					
LOCAL MANAGER OR REPRESENTATIVE					
DATE TAXABLE ACTIVITY BEGAN IN CINCINNATI					
WILL YOU HAVE EMPLOYEES SUBJECT TO CINCINNATI WITHHOLD	ING TAX? YES	NO			
WILL REMITTANCE EXCEED \$300.00 PER MONTH? YES	NO				
GENERAL INFORMATION & INSTRUCTIONS					
2001 DECLARATION AND RETURN PAYMENT CALENDAR					
APRIL 30, 2001 JULY 31, 2001	OCT. 31, 2001	JAN. 31, 2001	APRIL 30, 2002		

Within four months after beginning a new business located or operating within the corporate limits of Cincinnati, or for existing businesses, within 4 months of the start of the tax year, the business must file a Declaration. If filing your first Declaration, offer an appropriate additional explanation above or by attachment. Please notify the tax office promptly of any later changes. If your form is blank, or your name, address and account number have been preprinted and the information shown is not

MAKE 3RD QUARTERLY

PAYMENT

MAKE 4TH QUARTERLY

PAYMENT

FILE RETURN. PAY

ANY BALANCE DUE.

MAKE 2ND QUARTERLY

PAYMENT

FILE DECLARATION

WITH 1/4 PAYMENT

correct, please make necessary changes in the boxes above.

The three months prior to the Declaration due date should provide a reasonably accurate basis from which most businesses can estimate the current year's income. An original estimate can and should be amended if subsequent events indicate it to be grossly in error. If impractical to base this year's estimate as suggested, refer to last year's actual taxable income as indicated on your return. An estimate based on an amount equal to or greater than the last full year's taxable income is insurance against any penalty on underestimating for Cincinnati purposes.

Make your own income and estimated tax entries on Line 1. If you overpaid last year's tax and requested transfer of same towards this year's estimated tax, enter the amount on Line 2. Then deduct it from Line 1 and enter the difference on Line 3.

Line 3 represents the net amount of your estimated tax payable this year either in full with the filing of this Declaration, or in installments as indicated by the payment calendar. Enter on Line 4 the amount of remittance accompanying your Declaration – and please retain records for future reference.

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TA		
FOR OFFICIAL USE ONLY	CINCINNATI INCOME TAX BUREAU P O BOX 640770 CINCINNATI OH 45264-0770	2001
Enter your name and address here	ACCOUNT NO: FED ID NO: SSN NO: TAX RATE: 2.10% QUARTER ENDING: MARCOULE DATE: APRIL 30, 2001	
AMOUNT DUE: \$ DATEPHONE ()	SIGNATURET	ITLE
	D-1 QUARTERLY PAYMENT OF ESTIMATED N	ET PROFIT TAX
	CINCINNATI INCOME TAX BUREAU P O BOX 640770 CINCINNATI OH 45264-0770	2001
Enter your name and address here	ACCOUNT NO: FED ID NO: SSN NO: TAX RATE: 2.10% QUARTER ENDING: JUNE 30 DUE DATE: JULY 31, 2001	0, 2001
AMOUNT DUE: \$ DATE PHONE ()	SIGNATURET	TITLE
	D-1 QUARTERLY PAYMENT OF ESTIMATED N	ET PROFIT TAX
	CINCINNATI INCOME TAX BUREAU P O BOX 640770 CINCINNATI OH 45264-0770	2001
Enter your name and address here	ACCOUNT NO: FED ID NO: SSN NO: TAX RATE: 2.10% QUARTER ENDING: SEPTEM DUE DATE: OCTOBER 31, 20	

DATE______PHONE ()______SIGNATURE______TITLE____

AMOUNT DUE: \$_____

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX

FOR OFFICIAL USE ONLY

CINCINNATI INCOME TAX BUREAU P O BOX 640770 CINCINNATI OH 45264-0770

ACCOUNT NO:

2001

Enter	your name and address here	me and address here FED ID NO:	
		SSNNO:	
		TAX RATE: 2	.10%
		QUARTER E	NDING: DECEMBER 31, 2001
		DUE DATE: J	ANUARY 31, 2002
MOUNT I	DUE: \$		
DATE	PHONE ()	SIGNATURE	TITLE